


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90161 015 \*\*\*\*50.00

DOCUMENT # L01000013627					
1. Entity Name <b>CONCH HEAVEN, LLC</b>					
Principal Place of Business 1177 GREGORIE FERRY RD MT PLEASANT, SC 29466			Mailing Address 19 EASTLAKE RD. MOUNT PLEASANT, SC 29464 US		
2. Principal Place of Business		3. Mailing Address <b>1177 GREGORIE FERRY RD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>MT. PLEASANT, SC</b>		4. FEI Number <b>65-1132112</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>29466</b>		<b>USA</b>		<b>02042005 Chg-LLC CR2E083 (10/03)</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STUCKEY, JAMES M 310 W. FIRST STREET STUART, FL 34994			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVIL, B.STEPHEN 19 EASTLAKE RD MOUNT PLEASANT, SC 29464	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<b>1177 GREGORIE FERRY RD. MT. PLEASANT, SC 29466</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVIL, BURNS T 19 EASTLAKE RD MOUNT PLEASANT, SC 29464	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<b>1177 GREGORIE FERRY RD MT. PLEASANT, SC 29466</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>Burns T. Weavil</b>			<b>03-28-05 843-224-9114</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
<b>Burns T. Weavil</b>					